

PSG7**POSTOPERATIVE PAIN RELIEF, INTERFERENCE WITH ACTIVITIES, AND SATISFACTION: PRELIMINARY RESULTS**Strassels S¹, Chen C², Carr D¹, McDonagh M¹, Gouveia W¹, Wurm H¹¹New England Medical Center, Boston, MA, USA; ²Searle Pharmaceuticals, Skokie, IL, USA

Postoperative pain is suboptimally controlled for many people; however, limited information is available about pain from the patient's perspective. **OBJECTIVES:** A purpose of this observational pilot study was to describe patient's postoperative pain relief and their satisfaction with their care after common abdominal or orthopedic surgical procedures. **METHODS:** Within 24 hours before discharge from the hospital after total abdominal hysterectomy (TAH), or total hip or knee replacement (THR, TKR), patients completed a new survey that included a modified version of the American Pain Society (APS) Quality Improvement Questionnaire. Percent pain relief and pain-related interference with activities were rated on a 0 (0% relief, no interference)–10 (100% relief, maximum interference) analog scale. Satisfaction with pain treatment was rated on a six-point Likert scale. Data were collected between August and November 1999. **RESULTS:** Mean percent pain relief from analgesics was at least 70% for all persons in each surgical group and overall. On average, pain interfered most with sleep (5.4/10) for TAH and THR patients, and 6.7/10 for TKR patients, and with walking ability for THR (5.0/10) and TKR (5.8/10) patients. Of TAH patients, 42.9% reported being slightly dissatisfied, and 57.1% reported being satisfied with their pain care. All THR patients and more than 82% of TKR patients were satisfied or very satisfied with their pain treatment. **CONCLUSION:** Although pain interfered with sleep and other activities, most patients were satisfied with their pain care. Pain levels and pain-related interference with activities may be related to suboptimal analgesic doses or dosing frequency.

PSG8**LONG-TERM OUTCOMES AND RESOURCE USE ASSOCIATED WITH MYOMECTOMY**

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Myomectomy is the most commonly performed procedure for women with large fibroids who want to preserve their uterus. Since myomectomy is associated with a 15–30% rate of fibroid recurrence, a systematic assessment of long-term resource use is critical for evaluation but to date no comprehensive analyses have been performed. **OBJECTIVE:** To evaluate the long-term outcomes and cost of myomectomy through retrospective claims data analysis. **METHODS:** The study was performed using the MEDSTAT MarketScan private pay fee-for-service database for the years 1995, 1996, and 1997. Patients

were selected for analysis based on the presence of ICD-9-CM procedure and/or CPT-4 codes associated with myomectomy. In addition, diagnosis of uterine fibroids and related symptoms for these patients were confirmed through ICD-9-CM diagnosis codes. Inpatient, outpatient, physician, and pharmacy data for all three years were combined into a single file using unique patient identifiers. All cost data were converted to 1997 dollars. **RESULTS:** A total of 3,730 women, between the ages of 19 and 62, were available for analysis. Of these, 39% had an inpatient admission while the remaining only had outpatient procedures. The estimated cost of an abdominal myomectomy procedure was \$7,551 and that of a vaginal myomectomy was \$3,136. Preliminary analysis indicates that at least 8% of the women had an additional procedure within a year and a higher percentage in subsequent years. There were also a high number of fibroid-related outpatient visits and some prescription medication use. **CONCLUSION:** The high number of repeat procedures, outpatient visits, and prescription medication add significantly to total cost and highlight the importance of assessing overall health care utilization. This comprehensive analysis facilitates the systematic evaluation of myomectomy with emerging alternative treatments for uterine fibroids.

PSG9**CLINICAL AND ECONOMIC OUTCOMES OF CORONARY ANGIOPLASTY ALONE OR IN COMBINATION WITH STENTS IN ACADEMIC HEALTH CENTERS: A RETROSPECTIVE DATABASE ANALYSIS**Oinonen MJ¹, Akhras KS², Chen C², Matuszewski KA¹, Vlasses PH³¹University HealthSystem Consortium, Oak Brook, IL, USA;²Searle, Skokie, IL, USA; ³American Council on Pharmaceutical Education, Chicago, IL, USA

Indications for the use of coronary stents are evolving and their optimal place in therapy remains to be defined. **OBJECTIVE:** The purpose of this analysis was to compare the one-year clinical and economic outcomes of percutaneous transluminal coronary angioplasty (PTCA) with or without the use of stents. **METHODS:** This retrospective database analysis from 60 US academic medical centers in 1996 and 1997 included 27,020 patients that either did (n = 13,254) or did not (n = 13,766) receive stents in conjunction with PTCA. Outcomes of interest included in-hospital mortality (both on sentinel and readmission visits), readmission rates, revascularization procedures, length of stay, and the cost of sentinel and readmission hospitalizations. **RESULTS:** The median hospitalization cost for the stent group was about \$1409 higher than for the no-stent group, even though they had similar lengths of stay (4.3 days vs. 4.5 days respectively, $P = 0.001$). While mortality rates on readmissions (0.9% stent vs. 0.8% no-stent, $p = \text{NS}$) did not differ, stent placement during the sentinel event was associated with